A JOURNAL FOR NURSES

AUGUST 1938

IN *This* ISSUE

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Debits and credits

SPIRIT OF SERVICE

Dear Editor:

If some one should ask me the question, "What is the greatest attribute a nurse may possess?", I should answer, "spirituality."

By spirituality I do not mean creed or religion, but rather the spirit of service—that intangible quality which directs a person to do the helpful thing at the right time.

In any class of student nurses, all instructed in exactly the same subjects and routines, there will be one, usually, who will develop into a truly "great" nurse. The world may never hear her name, she may not carry off the scholarship honors; but she will have a certain quality that makes her entrance into a sick room one of radiant healing power. She gives her patients a sense of peace and confidence. She is the catalytic agent that makes patient and treatment react properly.

I believe that the nursing profession will never reach the heights it should until each girl who enters it feels the urge—really a need—to be of service to every one she comes in contact with.

May I venture to suggest to each *R.N.* reader that she analyze herself in this regard?

Mildred A. Stevenson, R.N.
Ithaca, N. Y.

LONG AND SHORT OF IT

Dear Editor:

I get a tremendous amount of pleasure out of *R.N.* May I register my "pet peeve" in the hope that something will happen?

Briefly, I dislike long-sleeved uniforms. I believe they're unsanitary. Yet rolled-up sleeves look sloppy.

Consequently, long sleeves trail in and out of patients' beds, brush against dressings and bedpans. Then the nurse comes into the dining room and places the same sleeves on the table, perhaps over the silver. Naturally she must use the silver to eat with. I shudder to think of all the germs to which she exposes herself!

I have my uniforms tailor-made with short sleeves. Sixteen years of nursing have made me a bug on hygiene and sanitation!

Thousands may disagree with my opinion. But, I leave it to you. Isn't it worth considering?

R.N., New York, N. Y.

NURSE vs. INTERN

Dear Editor:

Please allow me to express my sincere thanks to you for placing me on your subscription list. I can't tell you how much I appreciate your magazine and how eagerly I look forward to its arrival each month.

I have been reading with interest "From Where I Sit—An Intern's Viewpoint," by Dr. William MacDonald. While much said in the article is true, I'd like to take exception to a few of his statements and present a *nurse's* viewpoint on the situation.

Practically all nurses desire harmony in their professional relations with interns; but in some instances, not due to lack of effort on the part of the nurse, this is impossible. The mannerisms of some interns may be the cause.

Dr. MacDonald suggests that "the nurse can indicate by a gesture" that a patient's bedside is no place for a doctor to launch a tirade of criticism. The self-important intern, however, is immune to such subtle persuasion. The only effective way to terminate such episodes would be for the nurse to leave the room—and, obviously, this is impossible.

Perhaps the nurse who is doing a good job and knows her patients can rattle off "Mr. Smith's temperature or Miss Susie's appetite" at a moment's notice. But if she is responsible for a thirty or forty-bed ward, how can she be expected to remember everyone's temperature? Isn't it safer to consult the charts? This is one of the reasons they are kept.

I agree with Dr. MacDonald that nurses

should never belittle the intern to the patient. A good nurse won't, regardless of her personal opinion. But this code ought to apply to interns, too.

Although professional ethics and common courtesy are included in medical school curricula, they are certainly discarded quickly by many young doctors. Some interns act as though nurses are unable to appreciate an occasional "please" or "thank you."

As supervisor of a forty-bed ward for three years, I was in constant association with various interns. Many of them were cooperative and worked with our nurses in harmony and mutual understanding. But, as Dr. MacDonald says of nurses, why aren't *all* interns in this category? Perhaps someday—when the "thoughtless minority" awakens to it—they will be!

R.N., Tulare, Calif.

BACKWARD STEP

Dear Editor:

I want to tell you how much I enjoy reading your interesting magazine.

I graduated from school twenty-five years ago when more time was given to the bedside care of a patient and not quite so much to theory. While the science of medicine has advanced rapidly, the progress of bedside care is almost nil. I offer this not on my say-so alone, but as a reflection of what the older doctors and registered nurses are thinking.

Recently, while I was ill, I was a private patient paying full board but unable to afford a special nurse. No one can realize until she is laid up herself how much the little bedside comforts do for peace of mind and recovery. I think they are almost as important as medical treatment itself.

R.N., Philadelphia, Pa.

WAR NURSING

Dear Editor:

The article in your June issue entitled, "—For Bravery Under Fire," has aroused my curiosity. I would like to know who pays American nurses in Spain. How much do they receive and by whom are they employed?

The foreign soldiers who are fighting on either side of the Spanish fracas have been neglected when it comes to collecting for their killings. According to several recent monthly magazines, there just isn't any money for hired soldiers. Is there money for nurses? If *R.N.* will describe how the two "comrades" pictured in overalls got to Spain, I am sure it will be worth reading.

A word about the topic sentence, "Sunshine brings no joy in Spain." No, I guess not. It brings men with murder in their hearts, men who are paid to kill each other, or who are forced to kill by their dictators.

If any nurse wants to go to war for glory, let her go; but, *R.N.*, don't make a fancy bedtime story out of it. If she can afford to do this without pay, then there are plenty of charity cases on this side of the ocean. If she is doing this great work for pay, then her name is not worth mention.

Mary R. Maguire, R.N.
Pittsburgh, Pa.

[*Every nurse is a modern St. George at heart, with human suffering her modern dragon. The nurses in* R.N.'s *war story chose to stalk the dragon in gun-torn Spain. Without condoning war,* R.N. *presented what it believed to be a worthy record of courage and resourcefulness. War nurses in Spain receive a mere pittance for their services.*—THE EDITORS]

THE LAST WORD

Dear Editor:

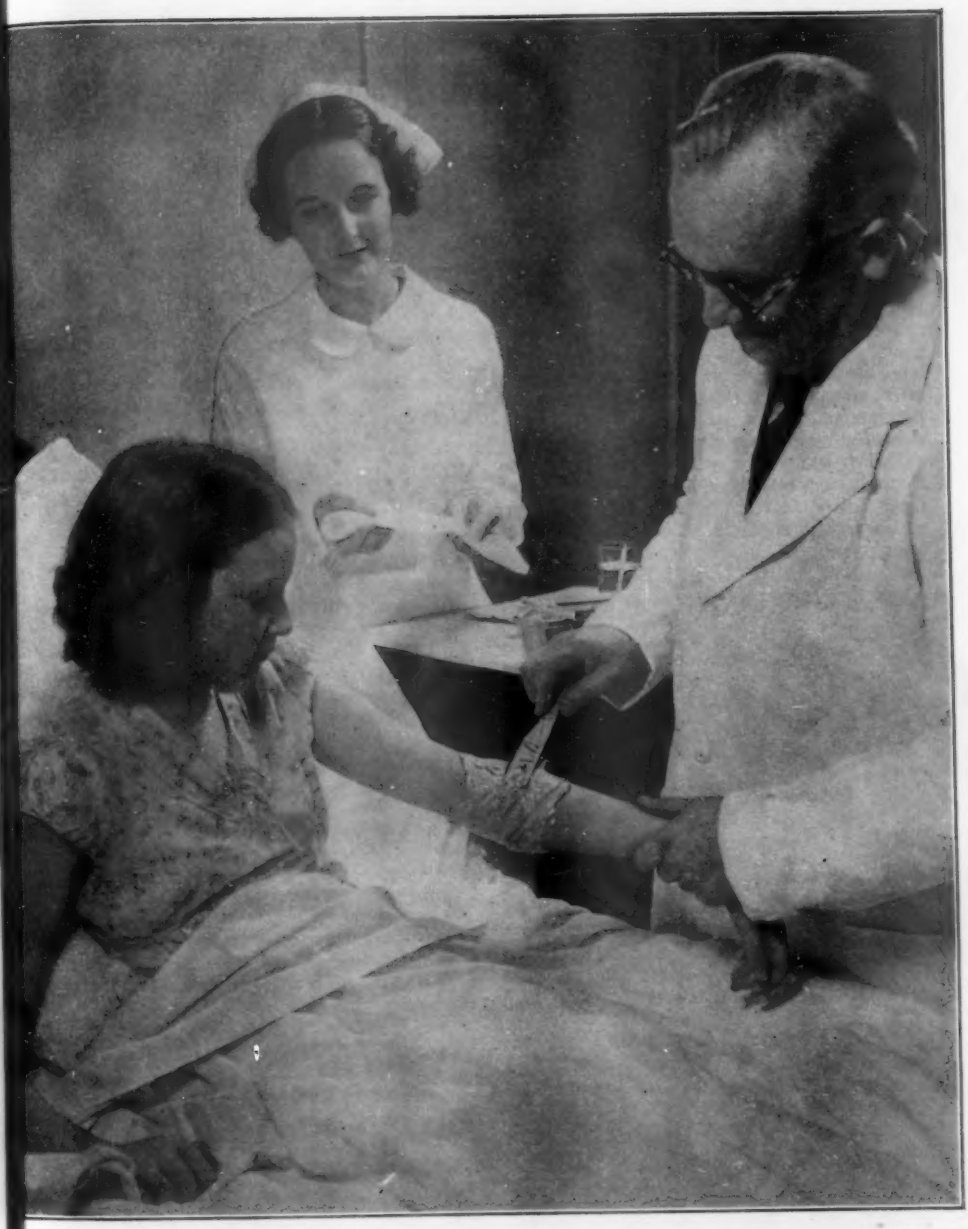
Thank you so much for your magazine. I find it highly informative and interesting.

I'd like to add a word of comment to "From Where I Sit—An Intern's Viewpoint," which appeared in your June issue. My opinions are based on more than twelve years of nursing in an average hospital in an average city, with a change of interns each July first.

Isn't a nurse using "judgment and resourcefulness" when she suggests (tactfully, of course) that an emergency drug, already prepared, should be administered to a patient just having an embolism, instead of the enema ordered by the intern?

Why are "medications not prepared" and "adhesive missing" when the intern is ready to treat the patient? Possibly because so much time has elapsed between the call and the arrival of the intern that some other nurse felt it safe to borrow supplies from the tray for ten or fifteen minutes.

Solutions must be kept at proper temperatures; and the delay of the intern not only wastes the nurse's time but also works havoc with the nerves of the patient who



In many instances (particularly in cases of pneumonia), the physician, himself, applies Antiphlogistine to the patient, but in the great majority of cases he directs the nurse to make the application.

It is well, then, that every nurse have a copy of our Application Manual, which illustrates the correct method of using Antiphlogistine. A copy free to any nurse upon request.

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lies anticipating the needle.

Frequent phone calls disturb the intern, Dr. MacDonald says. Yes, they interrupt his baths, shaves, bridge games, and gab fests. Instead of giving the whole case history of the patient over the phone, we say instead, "Doctor, will you please some up to see Mrs. W. in 314, surgical of yesterday"—and hope the intern will appear soon.

I recall an instance in which treatment of an obstetrical patient was delayed while two interns argued over whether services changed at 12 midnight or 7 A.M.. Another time, an intern sent away a young man who came into the hospital, bleeding badly after an accident. It was late at night and the intern did not wish to break his rest, even for emergency treatment.

I may add, however, that interns are, as a whole, a pretty good lot—especially after they realize that not all in medical science is learned in medical school. Most of our interns say, when they leave the hospital, that they realize how little they knew when they came.

Linnea Koop, R.N.
Omaha, Nebr.

FRESH VIEWPOINT

Dear Editor:

May I take advantage of the old adage, "better late than never," to thank you for *R.N.*

I think *R.N.* is doing a fine job of tying up the private duty, industrial, institutional, and public health nurses who have been, figuratively speaking, miles apart.

In my contacts with nurses in many different fields, it has occurred to me that nurses need to embellish their work a little to make it more attractive and interesting. The fact that nurses deal so closely with realities may tend to dull them to the drama of their surroundings. Many nurses who thrill to a movie have no time for the greater movie which is played before their eyes daily.

The following story may better illustrate my point: Three men working on a new building were approached by a visitor. When asked by the visitor what he was doing there, the first man replied, "I'm crushing stone." The second man gave this answer to the same question: "I'm earning $5 a day." The third man, asked in his turn, said with a smile, "I'm helping to build a church."

Anna E. Hitz, R.N.
New York, N. Y.

MONEY AND TRAVEL

Dear Editor:

I must tell you how much I enjoy your publication. It certainly is the answer to a long-felt need in the nurse's life.

I agree thoroughly with some of the comments in "Debits and Credits." Marian A. Kingstrom of Texas is right when she says that staying in one place too long is "getting in a rut." I think nurses should get about and learn as much as they can about their profession from different viewpoints and localities. I traveled a good bit in my thirteen years since graduation and gained much helpful and interesting knowledge. Moving about keeps you on your toes.

Commenting on E.A.S's letter from New York City stating that the public believes nurses earn fabulous salaries, I must say it does believe this; especially since eight-hour duty has been accepted in some places. The public overlooks the costly expenses a nurse must carry in order to keep up an appearance justifying the profession. . .the laundry expense of a clean uniform daily, equipment for private duty, yearly license fee, alumnæ fee, insurance, board and room, and transportation. Consider, too, how many times we are called on cases for which we receive no money for our services, and how many times we work a week or ten days and then are off duty for perhaps the next few weeks. I talked with a nurse recently who had worked three days out of two months. Is $15 for two months a fabulous salary?

However, I feel that if all registered nurses would only stick together, we could better our situation throughout the nation. Here's to the success of the things we are striving for, and thanks to *R.N.* for its co-operation and helpful ideas.

M. Whitefield, R.N.
Butte, Mont.

ROXANN RINGS THE BELL

Dear Editor:

Our outpatient department nursing staff read the article entitled, "And How Are Things at the Clinic?", in the July *R.N.* and brought it to my attention. We all enjoyed reading it because it seemed to strike home. The writer of the article certainly has an insight into dispensary patients.

Mary M. Magezis, R.N., Director
Outpatient Department
The Jewish Hospital of Brooklyn
Brooklyn, N. Y.

After

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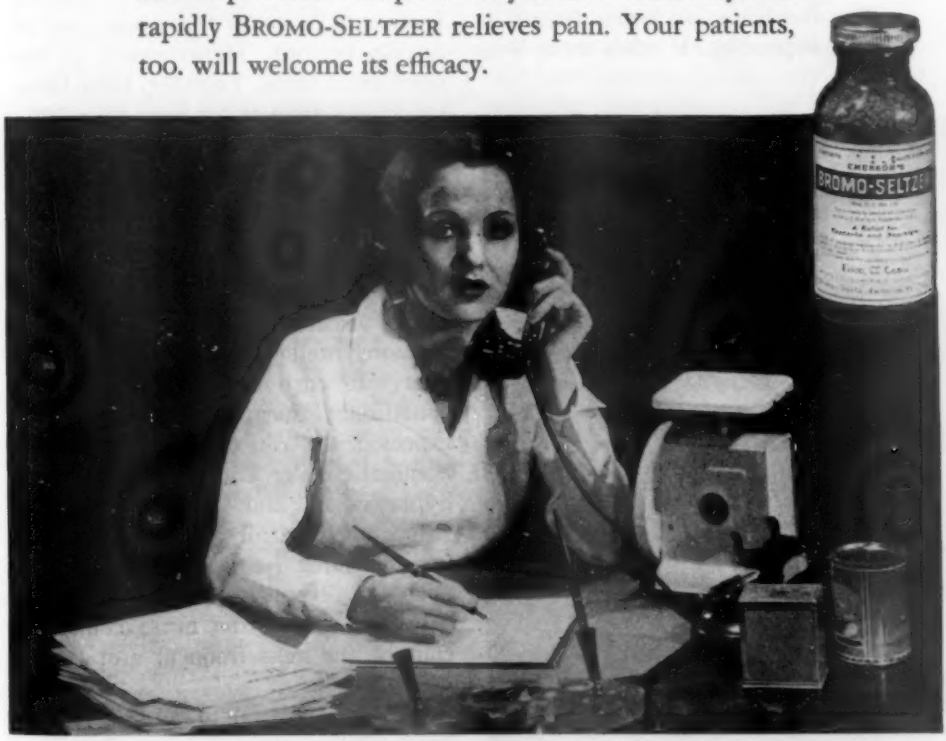

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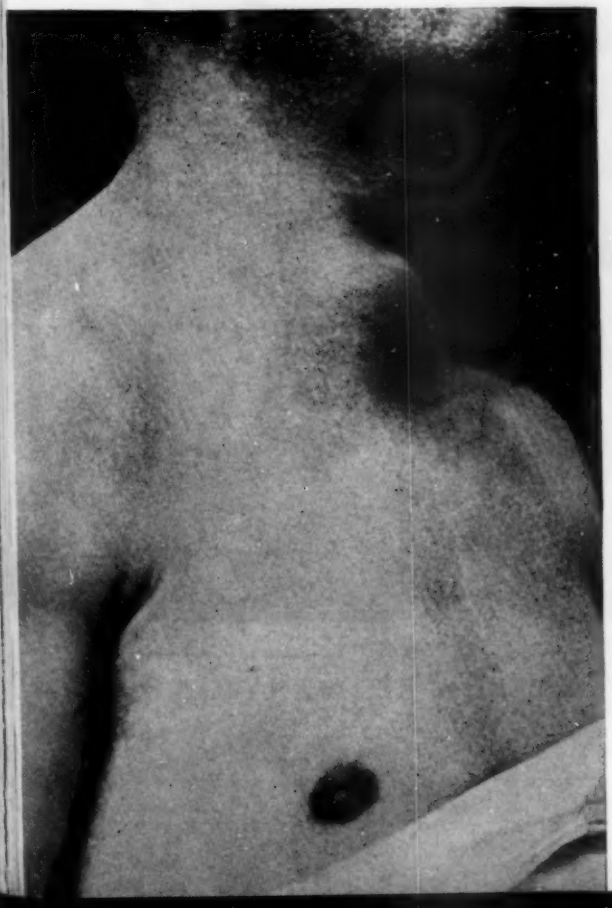
Quick facts about HEART DISEASE

A CONCISE REVIEW OF CURRENT THERAPY AND NURSING CARE

• In the management of cardiac disease lies perhaps the most fruitful field for nursing. With eventual recovery depending to a great degree upon nursing care, the various forms of heart disease offer unlimited opportunity for the application of the fundamentals of competent nursing practice.

The incidence of heart disease is rapidly increasing. It takes more lives today than any other individual morbid condition. At least one death in seven may be ascribed to some form of cardiac pathology.

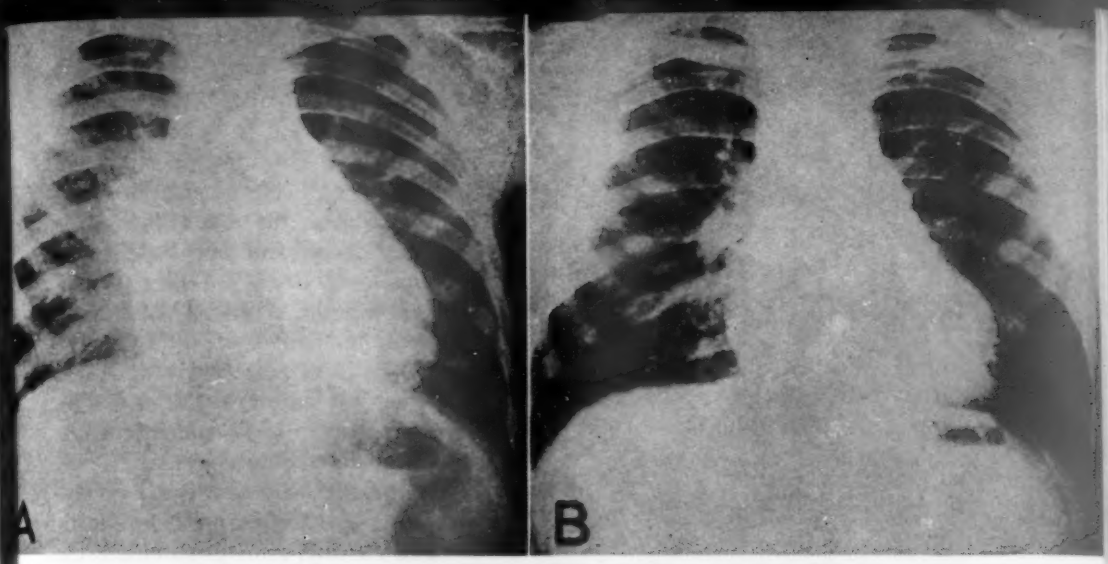


Etiology.—According to many authorities, rheumatic fever is the most frequent single etiologic agent. Next in importance is coronary disease, leading to coronary thrombosis and to angina pectoris. Hypertension is the third great cause. Together, these three conditions account for more than 70% of all heart disease. Of lesser importance are cardiovascular syphilis, subacute bacterial endocarditis, thyrotoxicosis, and congenital abnormalities.

Increasing knowledge of the various causes of cardiac derangement, has led to more intelligent and more effective efforts to curb this widespread fatal condition. Educational measures are expected to reduce the incidence of rheumatic fever and of syphilis; but hypertension and coronary disease still evade control and develop with undiminishing frequency.

Of the several types of cardiac disease with which the nurse comes in contact, the most frequent are:

Left: Advanced stage of an aneurysm of the ascending aorta and innominate artery. [*The illustrations used with this article are from "Heart Disease," by Paul Dudley White, M.D.; permission of The Macmillan Company, publishers.*]



The heart shows marked dilatation in rheumatic fever, as X-ray (A) graphically illustrates. Notice the reduction in size, X-ray (B), after the infection had subsided.

Cardiac decompensation
Coronary thrombosis
Bacterial endocarditis.

These three conditions are directly due to the etiologic factors previously indicated. While their nursing care is somewhat similar, individual differences warrant separate discussion.

Cardiac decompensation.—Cardiac decompensation or congestive heart failure represents the end stage of a failing heart. Not necessarily fatal, it calls for prompt and intensive therapy, both by the physician and by the attending nurse.

The most frequent causes of cardiac decompensation are rheumatic heart disease, hypertensive heart disease, coronary disease, thyrotoxicosis, auricular flutter, and congenital anomalies. However, virtually every type of cardiac defect may lead to congestive heart failure in its end stage.

Normally the heart encounters no difficulty in propelling the blood through the arteries and veins. The damaged heart, however, operates under great difficulty. The presence of a valvular defect (mitral stenosis, for example) or of long-standing hypertension imposes an added burden upon the heart muscle. In the early stages of valvular heart disease or of hypertension, its reserve capacity permits the heart to assume the added load without apparent difficulty.

Eventually, however, the strain can no longer be withstood, and the heart finds itself unable to drive the blood efficiently. Fluid stagnates in the extremities and in the lungs. Gradually becoming more severe if not properly treated, the impending decompensation may suddenly assume the picture of frank heart failure as the heart "gives out."

The clinical picture.—Cardiac decompensation may develop suddenly following severe physical exertion, or it may slowly grow out of an imperceptible beginning.

The sequence of events leading to the familiar picture of heart failure is characteristic. Breathlessness or dyspnea on exertion is the first symptom. As the condition develops, breathlessness becomes more noticeable and is experienced even upon mild exertion

This is the second of a series of articles on frequently encountered diseases. Inquiries from readers will be answered promptly by the medical and nursing members of* R.N.'s *staff who prepared the material.

and at rest. In the advanced stages, breathlessness may become so severe as to interfere with sleep, forcing the patient to assume a sitting position day and night (orthopnea).

Edema develops just as insidiously. With the advent of failure, swelling of the ankles becomes discernible. At first present only in the evening, edema of the ankles later persists throughout the entire day. As the state of decompensation grows more severe, the edema advances upward, involving finally the abdomen (ascites), the liver, the chest cavity (hydrothorax), and the upper extremities.

The characteristic peculiarity of edema of cardiac origin is "pitting on pressure." Edema secondary to varicose veins or nephritis usually does not pit.

In addition to dyspnea and edema, the decompensated patient complains of severe cough, hemoptysis (bleeding from the lungs), weakness, chest pain, and nervousness.

When encountered in its advanced state, cardiac decompensation presents a picture so typical that diagnosis can be made at a glance. The patient sits erect, with mouth open, gasping for breath. The eyes appear glassy, and an expression of impending danger betrays ill-concealed apprehension. The feet are swollen; the skin of the ankles is tense, glossy, and purple in color. The lips and lobes of the ears are distinctly cyanotic. A cough, unproductive but indicative of fluid in the bronchi, is disturbing and exhausting. The emergent nature of the situation, obvious even to a layman, demands prompt corrective measures.

Treatment and nursing care.— The therapy of heart failure, both medical and nursing, aims to stimulate the heart muscle, and to reduce the burden of the myocardium to an absolute minimum.

The patient, put to bed, is propped up with the back rest to a sitting or a semisitting position. With the aid of pillows, the head and neck are firmly supported; in a similar manner, the arms and legs are placed in comfortable positions. It is essential that the cardiac patient be completely relaxed; his position must be such that no effort is expended when he is at rest. The mattress should be firm, preventing the patient from slipping too far down in the bed.

Because of the patient's air-hunger, the room should be well ventilated, care being taken, however, to avoid brisk drafts. Under no circumstances is the patient permitted to leave his bed. A bed pan and urinal must be used. In order to conserve strength, the exertion of feeding is lessened as much as possible by the ministrations of the nurse.

One of the major threatening complications of congestive heart failure is hypostatic bronchopneumonia. Because of fluid stagnation within the lungs and the chest cavity, pneumonia is likely to develop. To avoid this often fatal complication, frequent turning

from side to side is essential. The patient must not turn himself. The nurse should perform this duty, rearranging the supporting pillows after the new position is assumed.

The temperature in heart failure is normal or subnormal. With the advent of pneumonia, a septic temperature curve develops. Rectal temperatures must be taken because of possible error due to dyspnea.

Scrupulous care of the skin is needed to prevent the formation of decubitus ulcers. Frequent turning, the use of an air ring, and efficient alcohol massage usually prevent skin complications.

Experience has shown that an ice bag placed on the precordium increases the patient's comfort and somewhat allays heart pain. The bag should be gently placed against the chest wall rather than being supported by it. If perspiration is profuse, the linen must be changed frequently in order to further minimize the danger of pneumonia.

The medicinal treatment of cardiac decompensation centers about the administration of digitalis. In popular use until the past few years, the tincture is now being discarded in favor of the more stable tablet. In emergencies, digitalis is administered intramuscularly in an area free from edema. Alert observation by the nurse is of utmost importance. The pulse should be taken frequently, especially since digitalis intoxication is first detected at the wrist.

The ideal heart rate under complete digitalization is between 68 and 76. If the dosage of digitalis is too great, the pulse rate becomes progressively slower, and premature beats and irregularities develop. If digitalis is continued, heart block ensues, manifested by a rate of 40 to 44 beats. The color of the patient, the presence or absence of cyanosis, the rate of respiration, and the degree of venous engorgement in the neck must be observed and reported to the attending physician.

If restlessness is severe, one-fourth grain of morphine sulfate is given. Caffeine sodiobenzoate is administered subcutaneously or intravenously if additional cardiac stimulation is required.

The diet is usually simple. Since fluids are restricted until edema disappears, concentrated, easily digested, and nutritious foods are given. Small feedings at two hour intervals are preferable to larger, less frequent meals. Elimination is encouraged with saline cathartics (magnesium sulfate or citrate). In some cases, catheterization may be necessary.

Loss of water, and consequently subsidence of edema, are best detected through careful measurement of fluid intake and urinary output. Many physicians administer diuretics to encourage removal of edema fluid via the kidneys. If the output exceeds the intake, it is obvious that the state of decompensation is being overcome, and that the edema is subsiding.

If the degree of decompensation is marked, oxygen is given by means of a tent or a nasopharyngeal catheter.

Coronary occlusion.—Coronary occlusion begins suddenly and dramatically. While straining at stool or engaged in moderate or severe exertion, the patient experiences an intense pain over the heart or sternum that may radiate to the left arm. Dyspnea develops quickly and may become severe. The pulse is fast and thready, the face dusky and cyanotic, and the slightest exertion intensifies the distress.

[*Continued on page* 34]

advancements? Just what is my goal? Are my dreams of future attainments merely vague visions which I hope passively may some day become realities?

The answers are fairly obvious. So before you decide, as so many of us do, that the future holds only routine and sameness, take a look at the opportunities ahead. Consider the jobs you'd like to hold—and could hold—if you had the necessary preparation.

There is an ever-increasing demand, especially in nursing education and administration, for nurses who have at least a small amount of college education. Many positions in the higher ranks go unfilled for months because

Let's go to College

By IDA M. BLISSARD, R.N. (*See cut*)

• Along about this time every year, thousands of prospective students are putting the finishing touches on wardrobes and budgets and preparing to join the march to the campuses of the nation. Each year, more of their numbers are nurses—nurses who have found that a liberal education is a practical asset in any profession.

If you are one of the many who think wishfully of some day getting back to school, perhaps now is the time to ask yourself these questions:

Will I be content to spend the rest of my professional life doing what I am at present? If so, will I be secure in this position ten or fifteen years hence? Must I keep up with modern

of the inadequate supply of qualified applicants. With a college background, perhaps one of these cherished posts may await you, too.

Don't decide hastily, "Oh, I can't possibly attend college now."

Instead, face facts.

Many nurses who have the natural ability to attain good positions fail to prepare themselves. They realize their mistake only when time has stripped them of the opportunity to change their life's course. Try now to fit yourself into the niche in which you will find your greatest happiness, in which you may give your richest professional service.

If you were capable of finishing a course in a modern school of nursing, there is little doubt that you can become a college graduate. Truly, the question is not so much, "Am I capable of going through college?" as, "Am I the type of person who could 'make good' at one of the positions for which I should be prepared?"

Globe

Are your personal qualifications appropriate? Would you, and could you, assume the responsibilities inevitably attached to one of the better positions? Can you "get along" with people? Can you lead others tactfully, or are you usually a follower? Can you adapt yourself readily to new situations? Have you trained yourself to look at the pleasant side of life; or does a horde of worries constantly flood your mind? Are you stable?

Now, regarding mental ability. Few persons, if any, can judge themselves accurately. For a quick glimpse into your future scholastic attainments, draw together the total of your past educational experience, and ditto it! If your grades fell in the upper third of those of the group during high school and nursing school, they probably will not fall too far from the same level in college. On the other hand, no institution of higher learning is going to remold you from a poor student to a genius!

Then the money—! Three years, if you plan to take a general course and attend that long, will empty your purse to a certain extent, but not necessarily so much as you might think. (Most schools allow about one year's credit for your nursing classes.)

Any nurse who contemplates a degree but fears that her funds are inadequate, will probably find attendance at a small college most advisable until the last year. However, she should definitely plan the last part of her course in a large institution which has a well-developed department of nursing education. There is always something about being a graduate of a big university that gives you prestige in

the eyes of a prospective employer. In addition, a number of necessary subjects are not offered by the ordinary college.

If you have no financial worries, you may wish to enroll from the first in a larger institution. But there is much besides economy to be said for the small school, especially if you have been out of training for a number of years. You will probably be happier, for the problem of adaptation will not be nearly so great. Your social life, too, will be fuller, for you will become well acquainted with a relatively large number of students. This association is among the most important parts of a *complete* educational program, helping more than studies to develop your poise and self-assurance.

It is wise to write to the institution from which you intend to graduate. Submit a transcript of your high school and nursing school credits and ask for a catalog giving the list of courses required. You may be able to take many of the required subjects in the small school; and if there are any deficiencies in your past educational program, you will be able to alter your schedule accordingly.

The principal expense in education is room and board, and this is likely to be lower in the small town. Unfortunately, it is impossible to estimate the exact cost, as prices vary considerably in different localities. A little research on your part, however, will reveal the needed facts about the community you have selected.

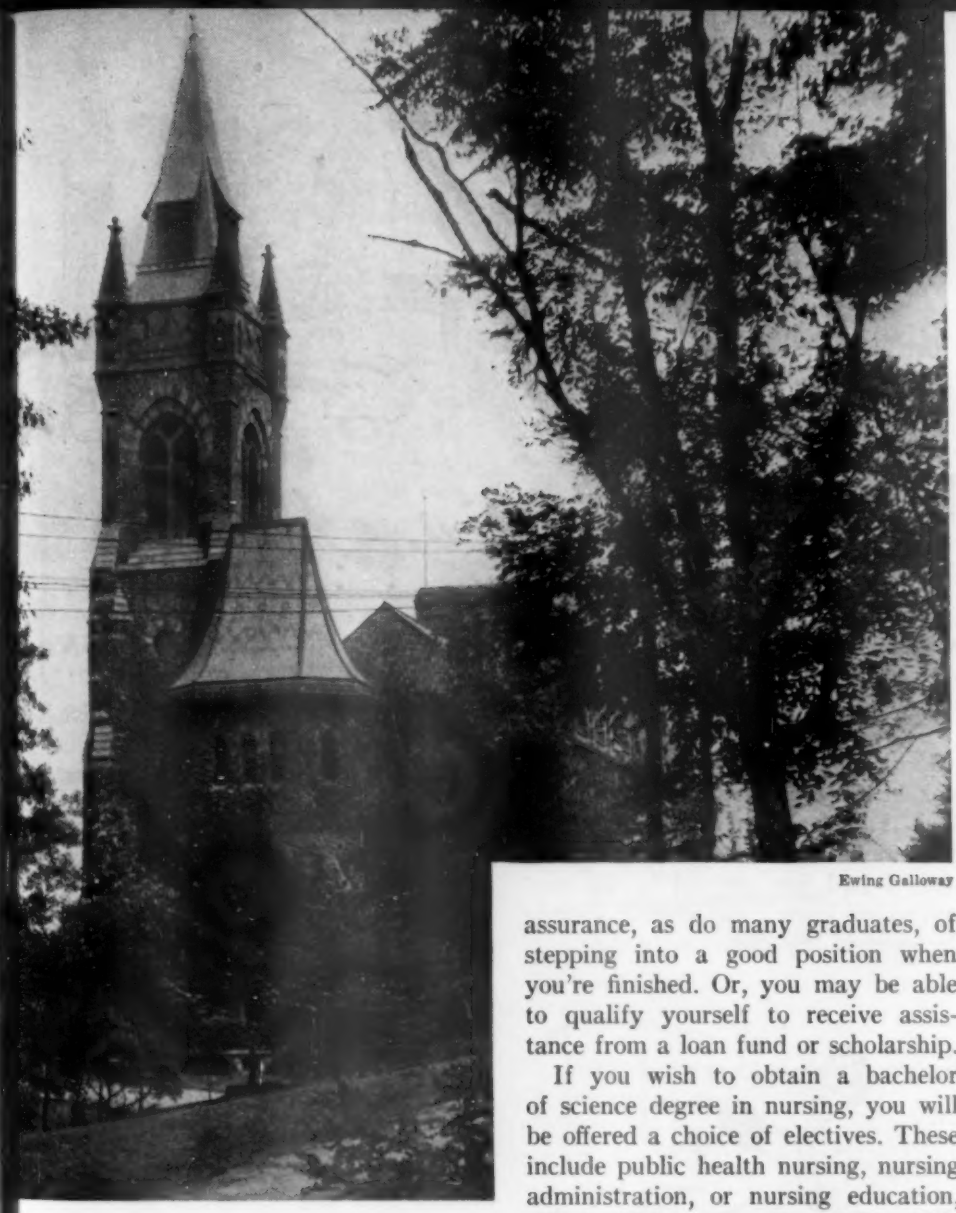
Three nurses, residing together in an apartment in the Northwest, found that by careful budgeting they could reduce living expenses to less than $20 a month apiece. Tuition usually ranges from $20 to $50 for a three-month period. Ten dollars is ample allowance for books during the average quarter.

Many nurses support themselves, at least partially, while attending college. Four girls, all of whom graduated the same year from a school of nursing, were given opportunities to earn their board, room, and tuition at colleges in the state merely by living in the women's dormitories and taking care of students who had minor illnesses. After these girls had joined the long, solemn procession in black caps and gowns, the colleges so recognized the value of their contribution that never since has any one of their dormitories been without at least one nurse! There are unquestionably many institutions which would be willing to devise some such plan if the idea were suggested to them.

Another nurse earned her board and room by staying nights at the home of an old lady, an invalid who did not need much care, yet desired the assurance lent by a nurse's presence.

Hospitals quite frequently are glad to let a nurse work just enough to earn maintenance—about three or four hours daily. Thus a nurse may take nearly the average number of classes. Others who want to work a full day in the hospital will find that they can attend college four to six hours a week. Even though it takes longer to obtain a degree this way, it is quite possible to become a college graduate without ever having missed a day's work!

If you are going to work and study at the same time, you will probably find more adequate opportunity to do so in the smaller college communities. Nurses—and other students—usually flock to large cities in which universities are located. Consequently, the field of employment there is overcrowded.



Ewing Galloway

It is a good idea, if you intend to take your final year at a large university, to have sufficient savings to carry you through at least one term. Although you may be able to supplement savings with some income during this period, it is not practical to have to depend on current earnings.

It is often good economy to borrow a little money to cover your last year's expenses—especially if you have the assurance, as do many graduates, of stepping into a good position when you're finished. Or, you may be able to qualify yourself to receive assistance from a loan fund or scholarship.

If you wish to obtain a bachelor of science degree in nursing, you will be offered a choice of electives. These include public health nursing, nursing administration, or nursing education, all of which are excellent fields. This degree is usually essential, or desirable, for the positions of superintendent of nurses, nursing instructor, supervisor of public health nursing staff, or hospital superintendent.

For those who cannot attend college for the entire three years, there are more specialized but shorter courses leading to a *certificate* either in nursing supervision or in public health

[*Continued on page* 36]

"When she finished with my face, my nose felt as if it had been scraped with pumice."

I was a *Patient*

By ROXANN

• Yessir, old Bobbie Burns had a tight grip on an idea when he wrote:

O, wad some pow'r the giftie gie us
To see oursel's as ithers see us . . .

I've often wondered how we nurses look in the eyes of our patients. Last week Fate and an uppity appendix gave me a chance to find out. And, since I had just arrived in the city and no one knew I was a nurse, I made the most of my opportunity.

"Sometimes, of course, these chronic kickers get their come-uppance."

For the first day or so I didn't give a hoot about the other three patients in the ward or about the nurses either. But when the nurse woke me up at 6 A.M. the next day—after about two hours of so-called sleep in which I battled pink-eyed monsters—I wanted to leap out of bed and toss all nurses and their traveling bathtubs into the next county.

Not that I wasn't sorry for poor little Miss Case. I'd been in the same spot hundreds of times myself—hating to wake up someone I knew needed sleep but having to "do" several more patients before I went off duty. Nevertheless, some day I want to get Miss Case as a patient and put her through the course of sprouts she gave me.

I've always thought I led a pretty clean life and knew my soaps and towels as well as the next gal. Evidently Miss Case had other ideas. When she had finished with my face, my nose felt as if it had been scraped with pumice; there was enough soap in each eye to do the family laundry;

and my ears seemed to have been taken off and pasted back on. To cap the climax, when she rolled me over, only a hasty grab saved me from doing a nose dive to the floor.

"Now you're all pepped up and ready for a nice breakfast, aren't you?" she cooed.

"Umph," I said weakly.

Just then the nice breakfast was wheeled in, and it really was delicious. So was the next meal two hours later, and lunch at noon, and tea in mid-afternoon, and dinner. I never saw so much food. If I had been twins I couldn't have tossed it all off. Yet my nurses were personally injured if I failed to devour every bit, down even to the last morsel.

Some of the nurses had a gift for making me do things I didn't want to do and which had to be done—like swallowing dark brown, bitter messes in spoons. I'm ashamed to admit it, but ever since I was a child I've bared my teeth and practically bitten the hand that tried to feed me medicine. So when Miss Allen tiptoed up to me, spoon in hand, I was ready for her.

"Go 'way," I snarled childishly. "I won't take that junk, even if the doctor says so."

"Tsk, tsk," she chided. "You'll get us both into trouble. Still, I can see your viewpoint." And, with that, she put down the bottle and spoon. Was I surprised—and disappointed! Mentally, I had my sleeves all rolled up for a tough battle; instead, I was slapped down with a powder puff! Well, believe it or not, before I knew it I was actually licking the spoon. Don't ask me how it all came about—I must have been hypnotized.

With Miss Jones, medicine was another story. We went to the mat every time she tried to get the stuff past my larynx. She was one of the eat-your-spinach-it's-good-for-you-and-no-nonsense school. (There's one in every hospital.) Her personality turned me into a stubborn, unreasonable wretch. I stonily refused to do *anything* she asked—even when I wanted to. Every time I had to take medicine from her, both of us were physical and nervous wrecks for an hour afterward. And it could all have been so easily avoided if Old Battle-Axe had used some of Miss Allen's tactics. I'm going back and learn a few things from Miss Allen and save wear and tear on myself and my patients.

"'Go 'way,' I snarled childishly. 'I won't take that junk.'"

Informality seemed to be the keynote at this hospital, in spite of the strict rules. Sometimes I was glad, as when one little student nurse said sympathetically,

"Alone in the city? Well, I'll help you meet some people."

She dragged over a dresser with its large mirror so that the occupants of the room adjoining could see me and I could see them.

"Miss Roxann, this is Mrs. Judd.

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"who filches my *good name*-"

AN EDITORIAL

• In the comparatively short period of sixty years, modern nursing has advanced rapidly. It has progressed from a homely, neighborly tending of the sick to a scientific and professional service.

But, public understanding of nursing and nurses has not kept stride with the profession. The term "nurse" is still used loosely by the average person. It can mean anything from housekeeper to governess; it can imply expert preparation, or none at all.

Consequently, the profession is continually embarrassed by a deluge of newspaper and magazine headlines in which the word "nurse" throbs like a sore thumb. . . "Nurse Named in Lawsuit." "Hold Nurse as Extortionist." "Nurse Performs Illegal Operation." "Romantic Nurse Nabs Millionaire." These are typical of the choice crop of recent months.

Somewhere along the line, the distinction must be made. Careful study of the stories so headlined invariably reveals that the culprits are not registered professional nurses. In almost every such case they are women

who wear white uniforms; companions, practical attendants, or even midwives. Yet, their exploits cast a dark shadow on the entire nursing profession.

Obviously, our cap and uniform offer no protection. Even the salad woman in a cafeteria has access to these. Nor is our pin a sufficient safeguard against misrepresentation. Actually, the most tangible evidence we can produce to set us apart from less-qualified practitioners is our state registration. And too few of us remember to use even this means of identifying ourselves as professionals with standards of preparation and service.

If the public remains bewildered, whom have we to blame but ourselves?

It would be ideal if we could eliminate the unqualified and make "every nurse a registered nurse." But this is an implied solution too easy to be practical. Good subsidiary workers are still needed and, undoubtedly, will be for some time to come.

What we can do, however, is to raise vigorous protest every time the acts of this group, lawful or unlawful, are attributed to the nursing profession. This is a job not for the state nurses associations alone, but for every individual nurse.

Write your local papers and correct misleading statements. Better still, never lose an opportunity to correct the common misunderstanding that "any nurse is better than no nurse." We ourselves must provide patients with facts; we must draw sharp contrasts between miscellaneous care of the sick and safe, professional, nursing service.

Let us begin now to prevent the use of the word "nurse" except where it applies in its full, significant meaning.

Red women in white

Indians now reject magic for medicine. The picture opposite shows native nurses at the Sage Memorial Hospital who have conquered superstition. A staff writer tells how it was accomplished.

• The Hopi medicine man pressed his lips hard against the left side of his patient's chest. Then, with professional gusto, he sucked. The ritual was repeated against the right side.

Standing solemnly about the stifling hot room where the patient lay were many relatives. They and the sick man had confidence in the tribal doctor. Shortly their faith had its reward.

The medicine man rose from his patient, extended an unsanitary palm. Upon it rested two small bedraggled feathers. These, he explained, had caused the war within the old brave's ribs. By virtue of the powers vested in the lips of all good medicine men, the feathers had been removed.

Next day, the patient went to his Happy Hunting Ground.

This episode bespeaks a major difficulty facing the Sage Memorial Hospital in Ganado, Arizona: how to overcome the Indian's reluctance to abandon magic and accept modern nursing and medical care.

The Indian from whom the two feathers were removed succumbed to double pneumonia. A nurse and a doctor from the hospital had rushed to him in the night. So over-heated was the hogan—his home—and so bitter was the cold outside, that they would not risk transporting him. Instead, they left medicine and instructions. These were ignored in favor of the

medicine man's magic. Fortunately, the local Hopis credited the tribal doctor with prolonging the patient's life for a few hours instead of blaming his death on white man's interference.

Today medical-care differences between Indians and the white man are being reconciled at the Sage Memorial Hospital. A noteworthy contribution toward this goal has been made by the Nurses School for Indian Girls. Eight years ago such a school had yet to be organized. In 1929, Dr. C. G. Salsbury, the hospital's medical director, convinced the Presbyterian Board of National Missions that here was a need to be filled. Thanks to a generous grant from the Sage Fund of the Board, an 80-bed hospital was built in Ganado. Its capacity has since been increased to 150 beds.

The Nurses School opened in 1930. Two Navajos were the first students. Picture these girls at the inception of their nursing course: Unlike the average white girl, they had no conception of the duties of nurses or of hospital routine. Their early years and the age-old traditions of their people held no medical refinements. Nursing's discipline, exactness, and responsibility, and many of the staff regulations seemed unreasonable at first.

Operating room technique baffled them. And why not? These girls knew nothing of the septic threats exposed by medical research and experience.

Although educated at the Presbyterian Mission in Ganado, the embryonic nurses were handicapped by academic limitations. This did not ease the way for the nursing school staff.

Thus, in 1930, the school and its first two students shouldered a task fully as difficult as it was worthy. But history was made three years later when the two proud Navajo girls received their nursing diplomas.

Significantly, the graduation ceremony was graced by the colorful and august presence of Red Point, chief medicine man of the surrounding sagebrush country. His lavish costume,

splendid with turquoise and silver, was equalled only by his ignorance of English. However, through an interpreter, he told other guests—including Arizona's Governor Moeur—of his pride in this achievement of his tribe's two daughters. He had great faith, he added, in what they and their followers would mean to the Indians' future health.

Scientific equipment replaces the medicine man. This modern laboratory is a workshop for Indian nurses.

One of these girls is now a trusted surgical supervisor; the other (granddaughter of a medicine man) is a supervising nurse.

From the first, it was Dr. Salsbury's belief that one way to a sick Indian's confidence lay in providing qualified Indian nurses. That belief has been justified. In eight years, 46 Indian girls have been trained in the nursing school. Representing more than twenty tribes, they have come from Oklahoma, Montana, Nevada, Arizona, California, Colorado, Washington, and even from Alaska. The graduates have unlimited opportunities to serve Creeks, Mojaves, Papagos, Pimas, Haidas, or any of the other tribes. The need for professional native nurses remains widespread. Why?

Many Indians, even today, know little or no English. When hospitalized, they encounter some rather terrifying "firsts." First x-ray, first anesthetic, first blood test. Even their first tub bath sometimes frightens them as much as it cleanses. To win their confidence and cooperation, these things must be explained. A native nurse can do this most effectively in the patient's own tongue.

Yet the lingual difficulty is minute when compared with the problem of circumventing the spiritual and physi-

cal mores of the uneducated Indian.

When a Navajo dies indoors, the dwelling is burned to the ground immediately. Loving relatives try to anticipate death by getting the stricken Indian outdoors before he breathes his last. Imagine the general exodus from a ward if an efficient Indian nurse weren't on hand to convince patients that Yellow Bear's death there did not augur their own. And all uneducated Navajos know that to ride in an ambulance wherein death once rode is fatal.

Indian parents gain faith in doctors when their papoose recovers.

Often, an Indian's dream would be a nightmare to the hospital staff without a native nurse at hand. Dreams are portentous. They may keep a patient from coming to the hospital or they may send him loping homeward from it as fast as his ailment will allow. A medicine man must dispel the power of the dream, they believe; but often a nurse may dispel the power of the medicine man.

Diet presents difficulties too. One squaw refused to eat eggs—an important factor in her regimen. They'd cause her to have too many papooses, she declared. Eggnogs solved this one.

Here is an anecdote typical of many:

A baby was hospitalized here with pneumonia. His family, anticipating death, wanted to take the child home and hold a "sing" over him. Dr. Salsbury and Miss Slivers, a Navajo nurse, finally persuaded them not to deprive the patient of his only chance to live. The family seemed to capitulate. Routine resumed.

Then the mother, left alone momentarily, caught up her sick baby and passed him to his grandmother through a ground-floor window. Grandmother mounted her horse, and galloped out onto the prairie with her grandson.

Dr. Salsbury and Miss Slivers, in a big Buick, quickly pursued. Grandmother's fleet horse dodged cannily through the sagebrush. But the Buick prevailed over the horse, Miss Slivers over grandmother's prejudice. Returned to the hospital, the child recovered.

Such episodes are part of the daily life at Sage Memorial. Graduate Indian nurses, however, are convincing their tribes more and more that modern "medicine men" in white are wiser than those in paint and beads.

Telling Californians

The California State Nurses' Association chose Registered Nurse Week to tell the public what a registered nurse is and how to find one when needed.

By ELSA GIDLOW

• Haphazard selection of nurses to care for patients in the sunshine state is on the way out, says the California State Nurses' Association.

Unwilling to let the public grope for accurate facts about nursing, these nurses have seized the reins of public opinion, adding a practical innovation to their information program. As a result, 200,000 California households are already in a better position to pick a fully qualified nurse when one is needed!

It all began with California's celebration of Registered Nurse Week. As a fitting tribute to Florence Nightingale, the association chose this event as the logical time to inform patients about the standards of nurses and nursing.

With the aid of druggists, some 200,000 folders were distributed to the public, defining what constitutes a "safe" and qualified nurse, and where such nurses may be secured.

First winning the approval of the Northern California Retail Druggists' Association and the Southern California Retail Druggists' Association, the state nurses association asked druggists throughout California to place the folders in every prescription package going out of their pharmacies during Registered Nurse Week. In the larger centers, wholesale drug houses lent their aid by distributing folders to their druggist customers. In the smaller cities, nurses personally took bundles of the leaflets to local druggists, explaining to the pharmacists interviewed the purpose of Registered Nurse Week.

This idea, which is credited to no one person within the state association, grew out of activities and studies of the Community Nursing Committee. As a result of the committee's findings, California nursing leaders became increasingly aware that in all too many instances the sick person, or his family knew very little about nursing services. The public could not distinguish between a qualified registered nurse and a registered nurse, a commercial school or correspondence school nurse, or the woman who blithely calls herself "nurse" with no claim to the title. Putting themselves in the place of the average person who must call a nurse, perhaps for the first time, these leaders asked: "How would one go about it? Consult the telephone directory? There, all manner nurses and registries might

what "R. N." means

be listed with no way to tell how to choose between them. Ask the corner druggist or a friend? Who can be sure that they are any better informed.

California has the largest number of district-sponsored nursing bureaus in the country. These bureaus, with two exceptions, enroll only registered nurses, members of the state association who can supply proper credentials. The two exceptions list practical nurses and undergraduates whose credentials have been carefully scrutinized and whose work is constantly followed.

During Registered Nurse Week, the California State Nurses' Association determined to publicize the standards and the services of its official registries. Unwilling to depend on distribution of facts by hospitals and hospital nurses, the organization aimed its educational program straight at the homes of California citizens.

"Many sick people do not go to hospitals," said an official of the association. "Some are not sick enough. Some cannot afford hospital care. Others prefer to remain at home. After discussion and study, we decided to ask the cooperation of pharmacists. Waldemar Gnerich, secretary of the Northern California Retail Druggists' Association, and Frank Mortenson, secretary of the Southern California Retail Druggists' Association, gave their cordial approval of our plan and asked their members' support of it in their bulletins."

A folder was prepared, embodying in simple question-and-answer form the necessary information about nursing services. Also included was an alphabetical list of nursing bureaus. Fifteen nursing service bureaus throughout California were listed, with complete address, telephone number in each city, and name of registrar or director. The folder was entitled "When You Need Nursing Care?"

Questions that the person in need of nursing care are likely to ask were posed and answered fully, but concisely. Here are a few typical ones: "Where can I get a good nurse?" "How can a

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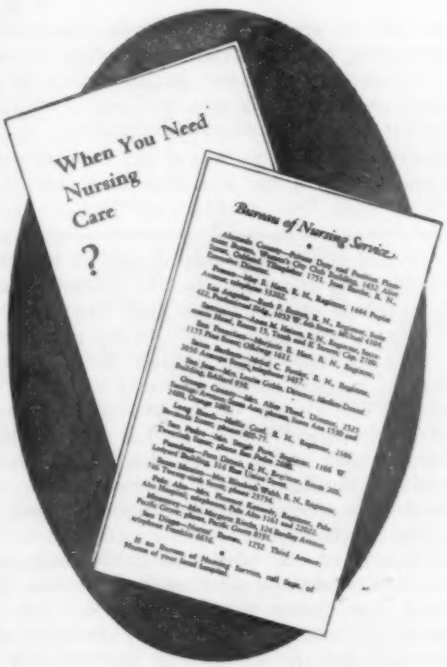

Since distribution of these leaflets, home calls for nurses have increased noticeably. Actual results of the educational program will be tabulated later in the year.

Nutrition Briefs

In the long and valiant siege against malignant disease, diet is often advanced as a possible cause. New impetus to the diet theory comes with the announcement that a germ oil produces sarcomatous tumors when fed to white rats.

Like many others of similar significance, this discovery was accidental. To evaluate the effect of vitamin E. on successive generations of animals, four white rats were fed a specially prepared crude wheat-germ oil, made by ether extraction. Amazingly, all four animals developed peritoneal tumors.

Still unknown is the nature of the sarcogenic agent. Rats fed a diet containing as much as 50 per cent by weight of ordinary wheat-germ failed to develop tumors. Equally unsuccessful were repeated attempts to produce tumors with commercial wheat-germ oils. Because these harmless commercial oils are made by the cold compression method, the assumption is strong that the sarcogenic factor in crude ether-extracted oils has to do with the extraction method.

Whatever the answer is, the ability to produce tumors at will presents a splendid opportunity to study new methods of treatment and to discard the failures before they are attempted on human malignancies.

Rowntree, L. G., Steinberg, A., Dorrance, G. M., and Ciccone, E. F. Sarcoma in Rats Resulting from the Ingestion of Crude Wheat-Germ Oil made by Ether Extraction. Penn. Med. Jour. 41:784, June 1938.

One of the several subdivisions of the vitamin B_2 complex is *riboflavin*. Well established is its effect on growth. Without riboflavin, rats are stunted, lose their fur, and have yellow scales on their skin. But scientists are currently pondering another virtue of riboflavin—its apparent role in the prevention of pediculosis.

At Cleveland's huge Western Reserve University, thousands of rats were divided into groups, each of which received a diet deficient in one of the components of the vitamin B_2 complex. In the riboflavin-deficient group, 20% of the animals became infested with lice, whereas none of the other groups was similarly afflicted. Oral administration of riboflavin resulted in prompt disappearance of the lice.

The implications are interesting. The disappearance of lice when the riboflavin intake was made adequate suggests something like antibody action. On the other hand, one cannot conclude that lice are exclusively a result of nutritional deficiency because the high-born and well-fed are not entirely immune from the critters. Nevertheless, an internal treatment for pediculosis would be a boon to physicians, public health authorities and, particularly, military surgeons.

Lice as a Deficiency Disease. Editorial, Southern Medical Journal. 31:700, June 1938.

In this age of nutritional enlightenment, scurvy should be a clinical rarity. Actually, it still afflicts a significant number of babies. To cite one instance, a ten-year total of 314 cases were recorded and treated at two Boston hospitals alone—all because of inexcusable carelessness or ignorance.

It is easier to prevent scurvy than to cure it. Cow's milk is not an especially good source of vitamin C, particularly if the milk has been pasteurized, boiled, evaporated, or dried. The artificially-fed infant must accordingly receive supplementary vitamin C as early as the first or second month of life. Even if the baby is breast-fed, and the mother is on an adequate diet, the addition of the vitamin is a valuable precautionary measure.

Orange juice or tomato juice are both excellent sources of vitamin C, although tomato juice should be given in volumes twice that of orange juice. Infants who refuse orange or tomato juice, or who develop a rash or other skin troubles after taking them, can be given crystalline vitamin C, which has recently become available at prices comparable with the cost of fresh fruit juice.

Nurses should be particularly on the watch for one cause of scurvy that has its ludicrous side. Over-zealous mothers sometimes assume that, along with nipples, bottles, formula, etc., orange juice too should be boiled, with consequent loss of its vitamin C content!

Infantile Scurvy. Report of a Radio Broadcast by R. C. Eley, M.D. New England Jour. Med. 218:1024, June 16, 1938.

The most essential food constituents are the proteins, minerals, vitamins, and fats. They are also the most expensive. For this reason, families of small income are forced to adopt lopsided diets preponderant in the less essential—but cheap—carbohydrates. The problem is serious enough to hold the attention of the exalted Committee on Nutrition of the League of Nations; yet, with traditional cleverness, the Chinese and other Orientals found the answer centuries ago in the soybean.

The soybean is richest in protein of all known foods except dried egg-white. Not only does it provide more protein, by far, than meat, but, most important, this protein is of excellent quality. The fat, mineral and vitamin contents (except vitamin C) are likewise high. Yet for all this, the soybean is cheap.

Not the least of its virtues are the many ways in which it can be used. Crushed, it yields soybean milk, which is nutritionally comparable to cow's milk. Treatment of this milk with a precipitating agent yields a curd whose protein content is such that Orientals term it "the meat without the bones." Ground soybean makes a flour from which breadstuffs of excellent nutritive value can be prepared. And from fermented soybeans comes soybean sauce, a strong digestive stimulant whose piquant flavor is manifest in the familiar Worcestershire sauce.

It remains to be seen whether or not the soybean will catch on as a dietary constituent in this country. United States farmers already have over 6,000,000 acres under soybean cultivation. Ordinarily, our national granary is glutted with wheat. But if economic distress puts the essential proteins and vitamins beyond the reach of too many, the soybean is ready to take over the job of assuring adequate nutrition to the masses.

Horvath, A. A. The Nutritional Value of Soybeans. Am. J. Dig. Dis. 5:177, May 1938.

It's *fun* to be dainty!

Keeping up your personal appearance need never be a chore, says this writer. Author of many articles on cosmetics, Miss Benham tells how simple it is to enjoy your daily beauty routines.

By LAURA BENHAM

• Are you like the tired business man who never gets out of the rut of his office routine—even in the privacy of his home? It's a sign of efficiency to be briskly professional while you're on duty; but if you cut your personal life to the same sharp pattern, you can be sure you're missing a lot of fun! Why not recapture some of the luxurious moments you had time for before you fell into the hygienic grip of the profession?

There is more than "godliness" in cleanliness. In fact, even the dullest of beauty routines can be made to pay personal dividends if you do them the luxury way. Soon you'll find that daintiness isn't a chore, but a lift for tired nerves and spirits.

What, for instance, does a bath mean to you? A plunge into the tub—and out again, as quickly as that? Efficient, yes; but not very interesting. Add perhaps five minutes to your tubbing time and these few beauty suggestions, and see how much better you'll feel.

Very inexpensively you can provide yourself with a large bottle of bath salts or crystals. Select a scent which flatters you, and pour lavishly into your bath. Notice how soft the water becomes and how fragrant.

For another delightful bath, try one of the new bath oils which come in odors ranging from crisp pine to sweet violet. A few drops in warm water will scent the entire room and impart a delicate lasting fragrance to your skin. These oils help to cleanse, and they leave the skin beautifully soft.

Using your favorite soap, lather and massage gently but vigorously. Then, when you step from your tub, pat your skin dry with a big rough towel and splash eau de cologne all over your body. This extravagant splashing makes you feel wonderfully refreshed and stimulated. But even if the splashing is extravagant, you needn't be. Even the best colognes are reasonably priced and you can thus afford to use your favorite brand freely.

Next, dust on bath powder of the same scent as your eau de cologne. A quick dusting-over with a large fluffy wool puff will leave your skin thoroughly dry and smooth. You'll find that your body glows—but with none of the harsh shine left by soap and

ordinary hard water.

These "beauty baths" take little more time than a plain cleansing. So unless you're working on a critical case when even seconds count, you can enjoy one every day, even before going on duty.

Of course, when you're off duty and "going places," you will want to dab or spray on a bit of perfume in the same scent as your eau de cologne and dusting powder. It's possible, now, to obtain entire sequences of toiletries from soap to perfume in the same scent. They come in floral odors and delightful blends. If you "follow your nose," you can't go wrong in making your choice.

One of the nicest of these sequences falls in the medium price range. Made by a very old and well-known firm, it is known by a "number" name and packaged attractively in blue and gold.

Aside from your own pleasure in daintiness, you'll find patients will appreciate your efforts, too. While heavy perfumes are bad taste for duty, you can wear the lighter scents as a relief from the odor of antiseptic you carry on your hands and uniform. There's no reason, either, why sickrooms should have a medicated odor when there are so many ways of making them fresh and fragrant. Why not spray a bit of pine-scented cologne into the air? Or, suggest to your patient that she order eau de cologne and dusting powder in a matching scent. Then, after a bath or alcohol rub, you can use these aids to freshen her up.

There are also several leathery and tweedy odors, as well as the less pungent flower scents, which should appeal to your men patients.

Of course, all the bath hints in the world won't keep you or your patient fragrant and dainty if you forget the important item of perspiration.

Everyone knows that the body perspires in winter as well as in summer. Your only safeguard is regular use of a good non-perspirant or deodorant the year 'round.

Ewing Galloway

Non-perspirants may be obtained in both liquid and cream form, both easily applicable and efficient.

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"Sarah Keate, R.N." Sleuth

BY JOSEPHINE HOUGH

Mignon Eberhart writes books. Her heroine is a nurse with keen detective instincts. In this interview Mrs. Eberhart tells how she created the character of "Nurse Keate" and cites some of her adventures.

• "Sarah Keate, R.N." is middle-aged, nosey, and has a red-headed temper. Yet it is probably no exaggeration to say that currently she is the world's most talked-of registered nurse. She is the heroine of five mystery novels and five motion pictures; her exploits are followed in nine languages.

Mignon Eberhart, who created Sarah Keate, vouches for the red hair and age of this doughty R.N. who stalks murderers and is stalked—and sometimes slugged—by them. Despite overwhelming public opinion, however, Mrs. Eberhart will not admit that Miss Keate is "nosey." She calls this quality "scientific curiosity and a spirit of service."

Call it what you will, Sarah Keate always gets her man (or woman) in the last chapter. Meanwhile she has survived experiences which would leave strong men gibbering.

Once her curiosity took her into an attic where she picked up a vital clue. Backing down a ladder, she caught her uniform in the trapdoor and hung suspended in the dark for an hour. When found, she was clad in her slip—but she still had the clue and her dignity. Another time she stepped into a hospital elevator in which crouched a man newly stabbed. On neither occasion did Miss Keate scream. It is doubtful even that she was surprised.

The Sarah Keate stories are first person narratives. Nurse Keate reveals her own personality traits by her comments on the other characters in the story, her attitude toward nursing, and her own code of ethics. Miss Keate might let a murderer off, but never a poisoner.

To her author, Sarah Keate is a very real person. Mrs. Eberhart says she virtually "writes herself." She says, further, that Sarah Keate is responsible for Mignon Eberhart, not the other way around.

"I didn't intend my first book to be a mystery story," explains Mrs. Eberhart. "When I sat down to write I thought I was going to toss off something that would be 'provocative—thoughtful—a shrewd commentary on the American Scene.' What I got was 'The Patient in Room 18.'"

"My family disparaged the mystery story as an art form, so that first book appeared under the name 'M. Eberhart.' But when I received a letter

addressed to 'Mr. Eberhart' urging me to write how belonging to a national boys' club had influenced my career. I decided to use my full name."

"Why did you select a nurse for your amateur detective?" I asked.

"Like most of us," she replied, "Sarah Keate is a product of her environment. I had the scene of my story before I knew plot or characters. The setting was an old draughty mansion that had been converted into a hospital. The halls were high, shadowy, and full of creaks. When I saw the original I thought, 'nice place for a murder,' and that idea festered in my subconscious until it was put in writing. Then, when I had some idea of the plot, I had to have a figure who was cool-headed, observant and intelligent; someone who could logically get around the hospital without supervision. That was Sarah Keate, then superintendent of nurses.

"Readers seemed to be more taken with the nurse than with the hospital background. So in subsequent books I put her in private practice."

Mrs. Eberhart uses nursing phrases glibly but she never studied nursing.

"Most of the nursing procedures Sarah Keate describes are simple ones which I learned about as an almost constant patient in various hospitals. A registered nurse friend checks my manuscripts for me, and I am quite proud that she seldom finds an error. Poisons are not so easy, though, nor are victims. Fortunately I can call on a chemist friend for advice on poisons

Courtesy, Warner Bros.

"What's that!" Sarah Keate forgets the hot water bottle at a clammy moment during the current movie, "While the Patient Slept."

and the family doctor helps with such things as the spot from which a bullet should emerge."

Few professional people write her in criticism, though Mrs. Eberhart sometimes has violated hospital rules to advance her plot. The author's fan-mail is filled with reader-admiration for Sarah Keate.

"Sarah Keate has introduced me to many of my best friends," Mrs. Eberhart said. "She's apparently just as real to her readers as she is to me. I had a letter from a doctor in Scotland, not long ago, asking if Miss Keate was any relation. He spelled his name without the 'e,' he explained, but enclosed the family crest so I might compare it with Sarah's.

"As a matter of fact, I always think of her as half-Scotch and half-Irish—with the canniness of one and the luck of the other. The rest of her background isn't so clear, though. I can't imagine what she may have been like as a girl or why she never married. My impression is that now she has a few scattered nieces and nephews and that she spoils them.

"Nursing did more to mold her character than anything else, I think. She's just—but kindly and compassionate. She's a shrewd judge of people; and, since she's never been wrong, she doesn't hesitate to shield a suspect from the police.

"She's courageous, but not foolhardy. She has enough imagination to be scared, but too much sense to give way to panic. And her 'spirit of service' has been proved over and over by the way she sticks to her nursing job no matter what lurks in the dark.

"All good nurses have these qualities, but they express them in less dramatic ways than Sarah Keate."

"Does that mean you think most nurses would make good detectives?" Mrs. Eberhart was asked.

"I do—and so does one of our leading police departments. I read recently that this department is training nurses and school teachers in police work. From nine years of experience with Sarah Keate, I can say they've got something there!"

It's fun

[*Continued from page* 29]

One of the best liquids is pale amber in color and comes in a squat, globular bottle with flat sides. It has a round green stopper with applicator attached.

Another very popular liquid comes in two types which are differentiated by their colors; one is white, the other red. The white type offers protection for the length of a day or so and is especially agreeable to sensitive skins. Somewhat stronger, the red type is applied before retiring and is effective for a number of days.

Of the cream non-perspirants, you'll like the pure white, stainless vanishing cream that instantly stops perspiration for one to three days. It dries as fast as it is applied and is cool and non-greasy. It will not stain or rot fabrics.

For those who prefer a deodorant, there's the well-known one that comes in a round, ridged jar and is guaranteed to neutralize perspiration. It's easy to apply, dries quickly, and gives fine assurance of personal daintiness. Another very effective cream deodorant comes both in tubes and jars. You can recognize it by its ivory-colored package and burgundy label. It has the added feature of retarding perspi-

[*Continued on page* 38]

Calling all nurses

Is there someone in the profession you'd like to get in touch with? Already, this department has brought together scores of old friends! If you've lost track of a classmate, or want to find a co-worker from early nursing days, address a notice to the "Calling all nurses" editor. Each notice should not be longer than 100 words. You may sign your message with initials or a nickname, if you wish. But be sure to send along your full name and address so that replies may be forwarded to you. There is no charge for this service to registered nurses.

MARY MAGEE, graduate of Prospect Heights Hospital, Brooklyn, N. Y., 1914. Dear Mary: Remember our training days together at P.H.H.? Whatever have you been doing all these years—I can't find a trace of you. If you see this notice, please write me at once. We have a lot to talk about. Marion H. Leggett, 21 Rowley Street, Gouverneur, N. Y.

MARY STALWORTH: What have you been doing since we last met at the Philadelphia General Hospital? I hear you married an aviator or someone exciting and went off to India. I'd like awfully to have a letter from you. Jersey seems pretty tame at times. R.N.W., 74 West Pierrepont Ave., Rutherford, N. J.

"SMOKY" PHILIPPS: Saw the notice about you in the State Bulletin but they didn't give your address. I'm still on 78th Street and would love to hear from you. Peggy Winters.

KATHERINE L. YERBY: Will you please get in touch with this office in reference to your letter of June 25th? There was no return address. *R.N.—A Journal for Nurses,* Rutherford, N. J.

SARAH MAIDER: I hope you see this "call." I've been wanting to hear from you for ages. Are you still working and living in Long Branch, N. J.? Someone told me you were doing public health work somewhere but that's as far as it went. How about a letter? Lucy Piecura.

ALTHEA BRYANT: What's happened to you Al, since Camp Gerard days? I've asked everyone in the old gang about you, but no one seems to know where you are or what you are doing. I expect to move shortly, so you'd better address me: D.G.S., c/o *R.N.—A Journal for Nurses,* Rutherford, N. J.

VIVIAN STRONIGAN: I am living near your old home town now, and I think of you often. Please write to your old classmate. Ester T. Cline, Medusa, N. Y.

MISS McGAVAN: When I last heard of you, you were at the Newark Presbyterian Hospital, Newark, N. J. That was years ago, though, and I should like to know where you are now. Drop me a line and let's get together. Maud E. Lines (formerly Maud E. Osborne), 3004 Alabama Ave., S. E., Washington, D. C.

RACHAEL SLOAN: Please let me know if you're planning to attend the Dietetic Convention in Milwaukee in October. I think I might go and it would be fun if we could meet there. I'll never forget our last convention! Helen Wilson, Topeka, Kansas.

Heart Disease

[*Continued from page* 11]

Not infrequently the pain is most prominent in the pit of the stomach (mistaken diagnosis of "acute indigestion").

Therapy.—Complete rest and total relaxation are of utmost importance, since they contribute to ultimate recovery in a larger measure even than drug therapy. The less the patient moves about, the greater are his chances of more complete recovery. Many cases are on record where excessive exertion produced irreparable damage to the heart wall, leading to sudden death or to serious cardiac impairment after healing took place. So important is physical quiet that most cardiologists insist upon complete bed rest for at least four to six weeks.

If cardiac pain is severe, or if apprehension interferes with rest, one-fourth grain of morphine sulfate is given every four to six hours.

After the third or fourth day, aminophyllin or theobromine is given by mouth. Hypnotics are given at night.

Care of the bowels is of major importance. Mineral oil or cascara is given daily to prevent straining at stool. With maximum rest, and therefore minimum strain upon the heart, most patients afflicted with coronary occlusion recover from the acute attack. Death, when it occurs, takes place most frequently during the first week or two.

Bacterial endocarditis.—Despite extensive study and research, bacterial endocarditis has proved resistant to every therapeutic method at our command. It is virtually always fatal.

Bacterial endocarditis usually develops in hearts previously damaged by a rheumatic infection. Mitral stenosis of rheumatic origin offers particularly fertile soil for the implantation of Streptococcus haemolyticus or viridans, which promptly leads to the development of the fatal infection.

Bacterial endocarditis develops insidiously, and may be present for months without its presence being known. An afternoon temperature and a sensation of malaise may be the only complaints. In time, however, as the infection becomes more extensive, temperature becomes higher and weakness more profound.

The temperature curve of bacterial endocarditis is distinctly septic. Infection of the valve leaflets produces soft, friable growths containing many streptococci. Due to the constant activity of the heart, small pieces break off, sending a shower of septic emboli into the blood stream. The temperature rises and a chill is produced. When these minute pieces of infected heart valve lodge anywhere in the skin, a small, painful red area develops—petechiae.

One of the characteristics of bacterial endocarditis is the peculiar color developed in the skin. Appropriately described as café au lait, it resembles weak coffee and cream. It is due to the intense anemia and mild jaundice.

Care.—Because of its fatal termination, the treatment of bacterial endocarditis aims primarily at maintaining the patient's comfort until the end. Consequently, nursing care is of paramount importance.

Nutritious foods are given to combat loss of weight. If the temperature rises excessively, alcohol sponging may be employed. The lingering nature of the illness demands diligent care of the skin, since ulcers, once developed, are eradicated only with difficulty.

College

[*Continued from page* 15]

nursing. The former teaches essentials of floor supervision, while the latter provides basic qualifications for school nurses, industrial nurses, county and city public health staff nurses.

Courses leading to the certificate in public health nursing usually run from one to one and a half years. Most of this time must be spent, of course, at an institution having a special department of nursing education.

The state colleges have excellent general courses and are usually less expensive than universities or private colleges. However, tuition is somewhat higher for non-residents of the state. It is wise, then, to investigate the program of your own state college first.

Institutions offering courses in public health nursing are found in California, the District of Columbia, Massachusetts, Michigan, Minnesota, New York, Ohio, Oregon, Pennsylvania, Tennessee, Virginia, Washington, and Hawaii. Full details regarding the exact location of these schools, tuition, requirements for entrance, and descriptions of the curricula, may be obtained by writing to the National Organization for Public Health Nursing, 50 West 50th St., New York City.

When you finally emerge from college with two more letters of the alphabet behind your name, you may rest fairly secure in the assumption that there will be a good place for you—in fact, probably several of them! For in nursing, perhaps more than in any other profession, there is plenty of room at the top!

(R.N. *will be glad to supply, on request, the names of several universities which provide courses for graduate nurses.*—THE EDITORS.)

GEE! HOPE OUR MOMMIES DON'T FORGET OUR MENNEN OIL RUB TODAY—

They're depending on YOU, Nurse..

Over three thousand hospitals, that give their babies a MENNEN OIL RUB daily, have *proved by experience* that the oil helps keep baby's delicate skin *safer from infection!* These hospitals use the oil to remove the vernix, for the first antiseptic cleansing, and for the routine daily oil-rub.

But it's up to *you,* Nurse . . . for the sake of the babies in your care . . . to impress on mothers the importance of continuing the daily Mennen Oil rub *at home* . . . to help protect baby's skin against pustular rashes and other disorders. So, be sure to pass on the word to mothers, won't you? Tell them not only how important it is to use the oil daily, but also that it's so *pleasant* to use . . . does not soil linen, washes out easily, leaves no greasy residue. And Mennen Antiseptic Oil is definitely non-irritating, non-toxic, self-sterilizing and will not become rancid. FREE PROFESSIONAL SAMPLES are yours for the asking.

THIS COUPON WILL BRING YOU SAMPLES

FREE— THE MENNEN CO., Dept. RN-8
345 Central Ave., Newark, N. J.

Send me free professional samples of Mennen Antiseptic Oil and Mennen Antiseptic Borated Powder.

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California

[*Continued from page 25*]

person ascertain if a nurse is a registered nurse?" "What is the difference between a registered nurse and a graduate nurse?" "Can I have a registered nurse if I do not have a physician?"

Two hundred thousand of the folders were printed and apportioned to the forty district associations of the California State Nurses' Association, which distributed them to local pharmacists.

Already a number of the district associations have reported more home calls for nurses since the distribution of the folder.

The association reports it is still too early to judge the results of the Registered Nurse Week educational activity. Letters are now being sent out to the forty district associations asking just this question and the responses will be embodied in a report to the Association later on in the year. California nursing leaders do feel, however, even without actual facts and figures as yet available, that this type of public educational work—"making the public registered nurse conscious"—is both necessary and worthwhile.

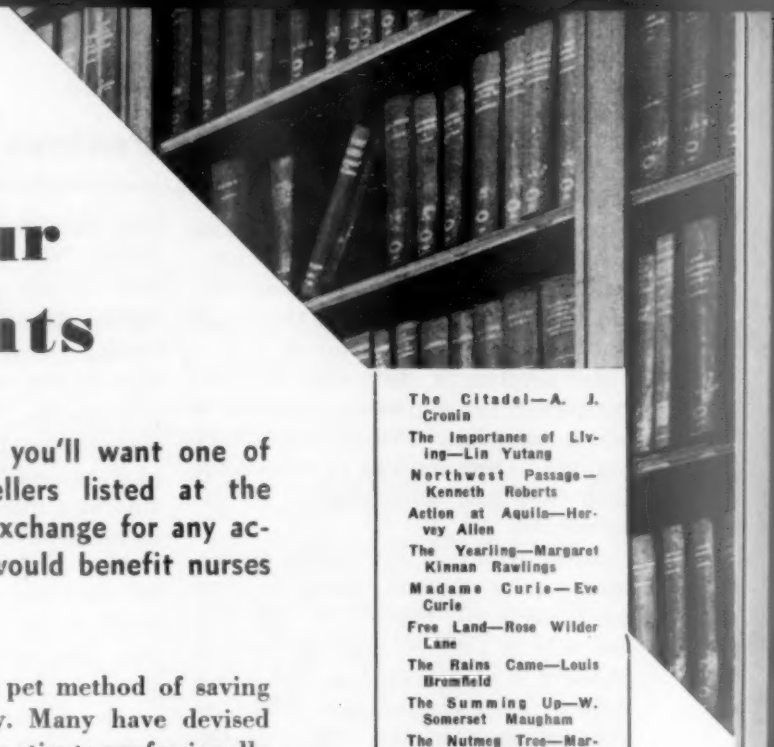
It's fun

[*Continued from page 32*]

ration slightly, as well as deodorizing. It will not sting or burn, and is harmless to fabrics.

Barely a month old on the market is a new cream which acts both as deodorant and non-perspirant. It never irritates, and contains no chemicals injurious to clothing. This white, odor-

A Book For Your Thoughts



Like to read? Then you'll want one of the current best-sellers listed at the right. It's yours in exchange for any acceptable idea that would benefit nurses generally.

Every nurse has some pet method of saving time, effort, or money. Many have devised novel ways of helping patients professionally and of bettering themselves personally.

Don't keep these good ideas to yourself. Share them with the 100,000 registered nurses who read *R.N.* every month. For each acceptable idea described in 500 words or more, we shall send you a copy of any best-seller listed on this page. Simply mail in your idea and specify what book you want.

There is no limit to the number of ideas readers may submit. A book will be given for *each one* published.

We cannot acknowledge unusable entries or enter into correspondence about this offer. Address: Ideas Editor, *R.N.*—A Journal for Nurses, Rutherford, N. J.

- The Citadel—A. J. Cronin
- The Importance of Living—Lin Yutang
- Northwest Passage—Kenneth Roberts
- Action at Aquila—Hervey Allen
- The Yearling—Margaret Kinnan Rawlings
- Madame Curie—Eve Curie
- Free Land—Rose Wilder Lane
- The Rains Came—Louis Bromfield
- The Summing Up—W. Somerset Maugham
- The Nutmeg Tree—Margery Sharp
- R.F.D.—Charles Allen Smart
- Winter in April—Robert Nathan
- Hell on Ice—Commander Edward Ellsberg
- Fifty Years a Country Doctor—Dr. Wm. N. Macartney
- Fashion Is Spinach—Elizabeth Hawes
- My Story—Eleanor Roosevelt
- Sleep in Peace—Phyllis Bentley
- Man Against Himself—Karl A. Menninger
- Dawn in Lyonesse—Mary Ellen Chase
- The Late George Apley—John P. Marquand
- The Fight for Life—Paul de Kruif
- J. B. Murphy—Loyal Davis
- Assigned to Adventure—Irene C. Kuhn

Here are just a few of the many topics on which you probably have good ideas: new nursing techniques, improvised equipment, cooperative living arrangements, personal finances, nursing education, savings and insurance, clothes, make-up, food, recreation, association activities, etc.

less cream will not dry up in the jar.

Your patients will appreciate some attention on your part to their own perspiration problems. Inactivity does not necessarily lessen body moisture, and many patients suffer needlessly from lack of concern about this small but important item of comfort.

In selecting a deodorant or non-perspirant for a patient, choose one which you have found satisfactory yourself. Then you can recommend it with first-hand knowledge of its effectiveness.

Being dainty is really very simple, once you've thought about it. And you'll come out the winner, too. For not only is your personal freshness a pleasure to your associates, but it is a definite asset to the desirability of your presence in the sickroom. Patients, finding time heavy on their hands, are likely to be critical of little human failings. Consciously or subconsciously, they are gaining impressions of nurses they would call if they were patients again. Thus, daintiness, while *enjoyed* so easily, has a definitely practical aspect, too.

[*You may have further information about the beauty aids mentioned, by writing to Miss Benham, c/o* R.N.—A Journal for Nurses, *Rutherford, N. J.*—THE EDITORS]

Patient

[*Continued from page* 17]

And this is Miss Mason and Miss Ashby. Now go ahead and talk about your operations." Her grin was so contagious that none of us could help smiling—even old Mrs. Rodgers who thought the whole thing decidedly unprofessional. Well, it may have been unprofessional, but I got a kick out of it, just as I did watching two other student nurses ride each other around in wheelchairs during a dull stretch. I knew that the kids had been on duty for ten hours and were ready either to laugh or cry with fatigue, and I was glad they chose to laugh. But you should have heard Mrs. Rodgers' views on the matter!

Sometimes I wished the nurses weren't quite so informal, particularly in their conversation. Miss Adams had a quaint habit of standing and tapping one foot on the bottom of the bed, until I wanted to throw a book at her. Miss Moore gave us all the lowdown on the other patients and on her own "love life." The monologue ran something like this:

"The old lady across the hall—the one with gallstones—is sure having a tough time. She's such a nice old girl, I'm sorry for her. Never a peep out of

Comparative Speed of Gastric Evacuation of Alka-Seltzer and Acetylsalicylic Acid Taken Subsequent to Alcohol Ingestion

This is the 6th in a series of bio-chemical and clinical studies to confirm the value of Alka-Seltzer as an aid to the quick relief of certain transient symptoms.

In successive experiments we have shown previously that Alka-Seltzer in solution presents an acetylsalicylate (Exp. No. 1); that it exerts a definite antacid effect in the stomach (Exp. No. 2); that it brings about a systemic alkalizing action after absorption (Exp. No. 3); that it tends to hasten gastric emptying time (Exp. No. 4); that it helps to relieve gastric hyperacidity resulting from excessive alcohol consumption (Exp. No. 5).

RESEARCH PROBLEM NO. 6

To Compare the Gastric Emptying Times of Alka-Seltzer and Aspirin Taken After Consumption of Alcohol

Experimental Method. The same procedure was followed as in Exp. No. 5 previously reported. Several fasting male subjects received 200 cc. of a 25 percent solution of alcohol. Sixty minutes after the consumption of alcohol each person received two tablets of Alka-Seltzer in solution of 100 cc. of water. Gastric samples were aspirated every fifteen minutes until the stomach was completely empty. The same procedure was followed on subsequent days for each subject, substituting two aspirin tablets in 100 cc. of water for the previous dosage of two Alka-Seltzer tablets. Acetylsalicylic Acid was determined in the aspirated gastric contents by a colorimetric method checked against a stock standard.

Results. The average time necessary for complete evacuation of the stomach after Alka-Seltzer was sixty-three minutes. By contrast after an equivalent dose of acetylsalicylic acid administered as aspirin, the average time for complete evacuation was more than 125 minutes. In other words, the average time required for complete emptying of the stomach after aspirin was approximately twice the average time required for gastric emptying after Alka-Seltzer.

●

Alka-Seltzer combines palatability, convenience, and a quick alkaline-analgesic action in an effervescent tablet.

Alka-Seltzer is offered simply as an aid to the relief of such minor transient symptoms as "sour stomach" resulting from indiscretions in eating or drinking, an ordinary headache, the early discomfort of a cold.

These claims are based on the established properties of the ingredients in Alka-Seltzer, modified according to original research observations on the product itself.

MILES LABORATORIES, INC.

Offices and Laboratories: Elkhart, Indiana

No. 7 of a Series

her from one end of the day to the other, and you should hear some of the other patients squawk when they haven't half the pain she has. . .The young fellow with the curly black hair is going home today. If I wasn't going steady with Harry I'd make a play for Curlylocks. Oh, I didn't tell you what Harry said last night——."

I was perfectly sure that, thanks to Miss Moore, everybody on the floor could draw a map of my interior, and could recite what I had for breakfast, who my immediate ancestors were, and numerous other little biographical details. Walter Winchell should have known Miss Moore.

Poor Miss Barnes had no Harry of her own, so she flirted not only with the doctors but with all the good-looking male guests. She had the makings of a professional hostess, for she certainly tried to make all the guests feel right at home—so much so that sometimes the patients could hardly get a word in sidewise. The high point came when one man, who had traveled a thousand miles to see his sister, said to Miss Barnes, "Little girl, haven't you any home and mamma? And am I speaking out of turn in asking you to scram while I sneak in five minutes' private conversation with my sister?" Everybody in the ward gave him a silent vote of thanks!

Some of the nights, especially the first two or three, were pretty tough for me. I was thirsty. But, after punching the bell three times just for the exercise, I decided I had as much chance as the Sahara of getting any water. I had visions of the bespectacled night nurse studiously reading her way through Materia Medica, oblivious to any S.O.S. flashed from the ward. I said so to the woman in the next bed.

"Takes 'em years to get around to doing anything," she sniffed. "All they have to do is sit at a desk and answer bells, and they don't even do that. Why, the other day, when I wanted the bedp—" and she went into a long and harrowing dissertation. Suddenly, the night nurse rushed in and skidded to a stop. The poor child was breathless and there were deep shadows under her eyes.

"Hope I haven't kept you waiting long," she apologized. "I came as quickly as I could, but with thirty other patients——." She brought me some water, found a cool spot for my aching head, adjusted the window so that we had a little more air, and dimpled as she gave me a motherly little pat and said, "Now you'll sleep." All this with thirty other patients on her mind!

The woman next to me was still cackling about the lack of service when I drifted off to sleep five minutes later, thinking, "No matter how much you do for some patients they still raise a howl." Why don't they realize that the nurse isn't always to blame?

Sometimes, of course, these chronic kickers get their come-uppance. I can't be sure, but I don't think it was an accident when the usually efficient Miss Smith gave this one a hot water bottle that must have blistered her rhinoceros hide, judging from the way she yelped!

All in all, though, I had a pretty nice time during my enforced vacation. I hope that some day some of my persnickety patients can come over to our side of the fence and see what we put up with—just as I saw what they sometimes have to face.

Interesting products

What is your "I.Q." on new products and services? Here is a ready check-list to keep you up-to-date. You may have samples or literature by writing the manufacturers whose products are described on this page. Be sure to give your registration number, however. The service is available only to registered nurses.

TONIC: It's an open season for lassitude! Spring has no monopoly on that let-down feeling due to a vitamin B deficiency or anemia. Patients (or even nurses) suffering from these two causes are said to respond to PROMETONE, an effective dietary adjunct which produces a hematopoietic response. This tonic contains hemoglobin, liver extract, Vitamin B complex containing Vitamin B_1 and G (B_2), iron (ous) gluconate, iron (ous) ascorbinate, and cobalt as a catalyst. For a free sample and literature, address Pro-Medico Laboratories, Inc., Dept. RN 8-38, 357 Jay St., Brooklyn, N. Y.

CLEANSER: Cleansing artificial dentures need not be a tiresome, complicated task. Your patients will appreciate hearing about STERA-KLEEN, the new cleanser which simplifies this routine. All that is necessary is to place dental plates or partial bridges in water with a little Stera-Kleen, leave them overnight or for a limited time, and rinse. Stains, tartar, film, and tarnish are removed. No brushing is necessary; neither the plate nor the teeth can be injured. Send for sample. Phillips & Benjamin Co., Dept. RN 8-38, Waterbury, Conn

FRUIT LAXATIVE: Unlike most medicines, laxatives are easy to take because they usually taste so good. But taste alone is no criterion of the effectiveness of a laxative. TAM, while happily tasting like jam, also helps to correct constipation naturally. Containing no artificial laxative drugs or chemicals, it acts entirely through concentrated fruits and leaves. Sample sent on request to registered nurses Address Tam Products Co., Dept. RN 8-38, 542 Craven St., New York, N. Y.

TAMPON: Inconspicuous, effective, and comfortable for any normal woman, B-ETTES is a new type of tampon worn internally for absorption of the menstrual flow. It requires no special applicator. Add to these features too, the convenience of carrying around a day's supply in the amount of space required for a double compact! A regular trade package may be had by registered nurses writing to B-ettes Co., Inc., Dept. RN 8-38, 155 East 44th St., New York, N. Y.

WRITING APTITUDE TEST: Maybe you feel that you've a knack for expressing yourself on paper, but you've never had the confidence to submit your writings to magazines or newspapers. Or maybe you have had the confidence but collected only rejection slips for your pains. A free booklet, outlining some courses that should make your manuscripts acceptable, may be had by writing to the Newspaper Institute of America, Dept. RN 8-38, 1 Park Ave., New York, N. Y.

NEW NIPPLE: Babies don't have identically-shaped mouths. So, a new nipple with three contours of teats has been designed. Perfect partner is a wide-necked nursing bottle with smooth, rounded interior. It requires no funnel, and no cleansing brush. An inside ridge permits air to enter the bottle, preventing nipple collapse and allowing uninterrupted feedings. For sample, write Hygeia Nursing Bottle Co., 197 Van Rensselaer St., Buffalo, N. Y.

Classified

Looking for a new position? If you are, you may insert here, without charge, a 24-word classified ad telling our 100,000 readers about your qualifications. As space for this service is limited, the first ads which reach us each month will be used in that month's issue. Also listed regularly in this department are positions currently available. To avoid delay in forwarding applications to employers, be sure to specify the box number of the ad which interests you.

POSITIONS WANTED

COMPANION-NURSE: New York registered nurse, 32 years old, desires post with invalid or elderly person. Experienced in traveling with invalids. Good driver. Knowledge of light cooking, massage, typing. No locality preference. Box 8 - 1.

GENERAL DUTY: Nurse registered in Maryland wishes general duty position in middle-west or eastern states. Charge duty and general duty experience. Box 8 - 2.

GENERAL DUTY: Protestant. Age 31. Seeks general duty in tuberculosis or general hospital. Eight years in private practice. Will accept night duty. Registered in Tennessee and Georgia. Box 8 - 3.

GENERAL DUTY: Two graduates of a West Virginia hospital. Both experienced for two years, general and industrial nursing. Single. Salary open. Can furnish excellent references. Box 8 - 4.

GENERAL DUTY: Age 27. Two years of college. Three years' nursing experience includes surgical nursing, night supervisor, obstetrics, private duty. Able to administer anesthetics. Salary open. Willing to locate anywhere. Box 8 - 5.

INDUSTRIAL: Or office nurse. Desires position in Philadelphia or vicinity. Age 35. Single. Ten years in medical, surgical, contagious disease, and general duty nursing. Good references. Salary open. Box 8 - 6.

INDUSTRIAL: Age 36. Protestant. Former supervisor and college nurse. Postgraduate work in psychiatry. Also private duty experience. Wishes position in Minnesota; St. Paul or Minneapolis preferred. Minnesota registration. Box 8 - 7.

INSTRUCTOR: Registered in South Carolina. A.B. degree. Experience in college teaching. Seeks position as instructor in general hospital. Salary $115 and maintenance with opportunity for increases. Age 27. Box 8 - 8.

MALE NURSE: Bellevue Hospital alumnus. Registered in New York. Age 28. Interested in emergency or industrial nursing; or post in doctor's office. Experienced in psychiatric care; also general and private duty. Box 8 - 9.

OFFICE NURSE: Canadian graduate. Postgraduate work in obstetrics and gynecology at Woman's Hospital, New York. Age 28. Experienced head nurse and assistant night supervisor. Now in private practice. Prefers position in Westchester or Long Island. Salary open. Box 8 - 10.

PUBLIC HEALTH: Or county field work. Registered in Missouri. One year at Missouri University. Age 31. Ten years' diversified experience. Good driver and expert horsewoman. Seeks position in southern or western states. Box 8 - 12.

SCHOOL NURSE: Available in September. Desires post in boys' or girls' boarding school. Experience includes five years private duty, two years general duty, two years as camp nurse. Registered in Pennsylvania and New York. Excellent references. Box 8 - 13.

SUPERINTENDENT OF NURSES: Norwegian-born nurse, registered in Pennsylvania, desires position as superintendent of nurses in California, Oregon or Washington. Experienced. Salary open. Attended college in Oslo, Norway. Box 8 - 14.

SUPERVISOR: Age 27. Protestant. Wishes position in South. Two years' experience as night supervisor and in general duty. Full qualifications sent on request. Box 8 - 15.

SUPERVISOR: Seeks post in small California hospital. California registration. Graduate of Highland Hospital. Postgraduate training in administration. Diversified experience, including X-ray. Good references. Box 8 - 16.

TUBERCULOSIS SUPERVISOR: Postgraduate work and five years in tuberculosis nursing. Also experienced executive, supervisor and bedside nurse. Registered in Pennsylvania and Colorado. Graduate of a large eastern hospital. Box 8 - 17.

X-RAY TECHNICIAN: Experienced X-ray technician wishes position in doctor's office or in hospital in California. California registration. Secretarial training, clinical laboratory work (not yet licensed), electrocardiograms. Good references. Box 8 - 18.

POSITIONS AVAILABLE

*ANESTHETIST: California. Must combine duties with those of record librarian. 30-bed private hospital north of Sacramento. Salary $110 and maintenance. W80.

*ANESTHETIST: Illinois. 300-bed fully approved general hospital. Salary, including maintenance, $90-$100. C619.

*ANESTHETIST: Montana. Applicant required to combine dressing room work with anesthesia. 85-bed fully approved general hospital doing considerable surgery. Salary $100 and maintenance. C620.

*ANESTHETIST: Oregon. 65-bed approved hospital in central Oregon needs nurse qualified to administer ether, avertin, nitrous oxide. Ample time off duty. Salary $100. Maintenance included. W81.

*CLINICAL TECHNICIAN: Kansas. Nurse technician wanted for 80-bed general, well-equipped hospital. Salary $90, maintenance. C636.

*DIETITIAN: Eastern state. September appointment. 300-bed fully approved Catholic hospital. Degree and experience essential. Salary open. C621.

*DIETITIAN: Utah. Applicant must be A.D.A. member. September appointment in large hospital. Salary $120 with maintenance. C622.

*GENERAL DUTY: Arizona. Several openings in 50-bed hospital near California line. 8-hour duty. Salary, including maintenance, $80; increase to $90. W82.

*GENERAL DUTY: California. 100-bed private hospital in San Francisco area. Obstetrics. Must be qualified rectal examinations, fetal heart tones. 8-hour duty. Salary $75, maintenance. W83.

*GENERAL DUTY: California. Small hospital near Palm Springs. Night duty, medical and surgical. Salary $100 and meals. W84.

*GENERAL DUTY: Illinois. 125-bed general hospital vicinity of Chicago. 8-hour duty. Salary $75, meals and laundry included. Live out. C624.

*GENERAL DUTY: New Jersey. General duty nights, 10 hours. One full night off weekly, week-end about every two months. Salary $70 and full maintenance. E183.

*HEAD NURSE: Southern California. For new contagion unit in well-equipped county hospital. Nurse will set up her own technique. Five-and-a-half-day week. Salary $85 and maintenance. W85.

*INSTRUCTOR: Massachusetts. Instructor of nursing arts. Protestant. Minimum salary $95 with two months vacation, one with pay. E184.

*INSTRUCTOR: Ohio. 350-bed general hospital. 125 students. Science degree necessary. Salary $140. C626.

*INSTRUCTOR: South Carolina. Theory and some science. 275-bed general hospital. 75 students. Salary to start, including maintenance, $100. Rapid increases assured. C627.

*INSTRUCTOR: Washington. 300-bed hospital affiliated with university. Catholic preferred. Salary $110 with maintenance. W86.

*INSTRUMENT NURSE: New Jersey. For operating room. Salary $80 and maintenance. E185.

*LABORATORY AND X-RAY TECHNICIAN: California. Small industrial hospital near Palm Springs. Graduate nurse preferred. Must be able to circulate in surgery and assist in office. Salary $125, including meals. W87.

*NIGHT SUPERVISOR: New York. Night charge nurse for large hospital. Salary $75 and maintenance. E186.

*PHYSICAL THERAPIST: Wisconsin. Must be qualified to assume full direction of department under medical supervision. 150-bed general approved hospital. Salary $115 and meals. C637.

*PUBLIC HEALTH: Middlewest. School and public health work. Applicant must be between 26 and 31 years of age with approved public health course. Annual salary $1900, and car and expenses furnished. C627.

*RECORD LIBRARIAN: Ohio. Competent registered nurse to take charge of department. Able to take dictation. 300-bed fully approved general hospital. Salary open. C629.

*SUPERINTENDENT: California. Well-equipped 15-bed maternity hospital near Los Angeles. DeLee technique and good supervising experience preferred. Attractive salary. W88.

*SUPERINTENDENT: Wyoming. Graduate staff. 45-bed general hospital. Ability to administer anesthesia advantageous. Salary open. C630.

*SUPERINTENDENT OF NURSES: Large tuberculosis sanatorium requires capable director of nurses immediately. Salary, including maintenance, $175. Every opportunity for advancement. C631.

*SUPERINTENDENT OF NURSES: North Carolina. Southerner preferred. Capable of following doctors' orders and taking care of supplies. 100-bed hospital with all graduate staff. Salary $100, including room, board and laundry. E188.

*SUPERVISOR: Southern California. Obstetrics. Degree, postgraduate work, and obstetrical experience required. Busy unit in large private hospital. Salary $125, maintenance. W89.

*SUPERVISOR: Illinois. Operating room. Act as assistant to director. Postgraduate training and mature judgment specified. 150-bed general hospital. Graduate staff. Starting salary $95 and maintenance. Early increases. C633.

*X-RAY TECHNICIAN: California. Combine X-ray with physiotherapy. 50-bed private hospital 100 miles north of Los Angeles. Salary $125. Meals included. W91.

*X-RAY TECHNICIAN: Central California. Graduate nurse required for 350-bed county hospital. 8-hour duty, no call. Salary $115 and meals. W92.

Indicates position listed by a placement bureau

PRACTICAL IDEAS

Here are the first of several hundred ideas submitted by readers in our "A book for your thoughts—" contest (see page 39). The most helpful will be published each month.

PIN ECONOMY. I want to let you and all the nurses in on my pet economy. It will save time, effort and money.

Stick all straight pins in a bar of toilet or laundry soap before attempting to pin linen covers on packages for sterilization in the autoclave. Pins may thus be used many times and retain their sharpness before they must be discarded. This is a simple, short procedure but one I believe nurses should find useful.—ENDA B. STEPHENSON, R.N., obstetrics supervisor, Pittsburgh, Pa.

SECURING AN ICECAP. My idea is a simple device for keeping an icecap in place when it is ordered for the precordial region.

Put a simple patch pocket or piece of old muslin, about 10 x 8 inches, on an ordinary breast binder. It can be basted on in a few seconds. The icecap prepared can be slipped into this pocket and held firmly over the heart when the breast binder is adjusted. This avoids tying on the cap with bandage which a disturbed patient, for example, might wind around his neck or force out of position.—MARY V. BARRETT, A.B., R.N., instructor, Cedar Grove, N. J.

IMPROVISING A T-TUBE. I am an operating room nurse in a small hospital. One of the things we seldom use is a T-tube. Occasionally we use T-tubes for gall bladder surgery, but not often enough to warrant their purchase. I have found that a very adequate one can be made as follows:

Take a piece of ordinary tubing of the desired length. Slit it down the middle about two inches. Cut a small hole on each side at the bottom of the slit. Take each piece of split tubing and draw it through its respective opening. In this way you will have a T-tube that is grooved and cannot slip out of a wound.—BEATRICE ADAMS, R.N., Connellsville, Pa.

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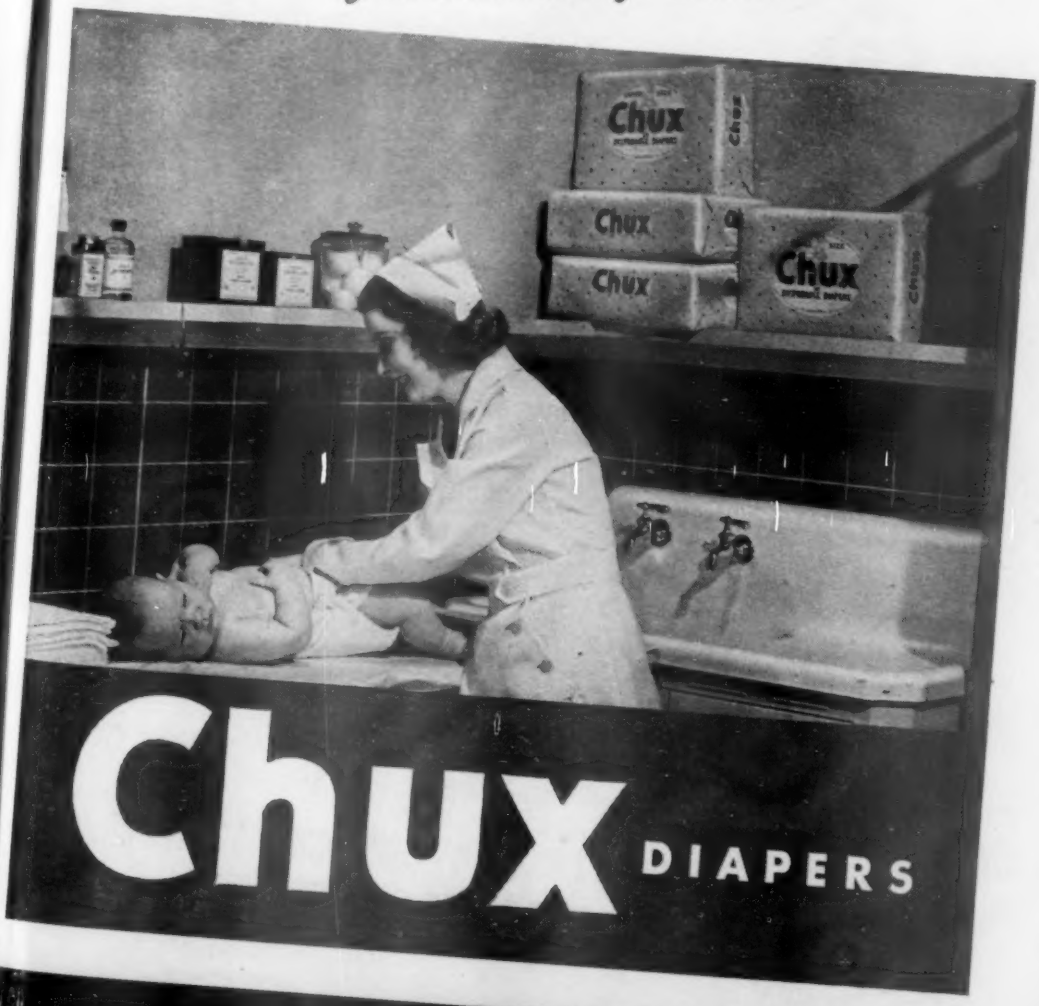

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